

This Memorandum

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. CAL00000237

Carrier No. N/A

Date 04-14-95

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Laidlaw Environmental Services
(Name of carrier) (SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

TO:
Consignee Douglas Aircraft Company - C1
Street 3855 Lakewood Blvd.
City Long Beach State CA Zip Code 90846

FROM:
Shipper Douglas Aircraft Company - C6
Street 19503 South Normandie Avenue
City Torrance State CA Zip Code 90502
24 hr. Emergency Contact Tel. No. 1-800-424-7300 (Chemical)

Route DOT Emergency Response Guide #60 Vehicle Number Tractor 16042

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
1 Tank Truck	X	RQ, Sodium Hydroxide Solution, 8, UN 1824, PG II Note: This is a highly corrosive solution from a tank T that the C6 DMJM waste water treatment system.	Approx. 3,500 Gal.	31,930 pounds		

PLACARDS TENDERED: YES ☒ NO ☐

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ _____ per _____

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by ~~Rail~~ Highway ~~Water~~ (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

Robert G. Tuell, Jr. Signature

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Robert G. Tuell, Jr. 04-14-95 Douglas Aircraft Co.
CARRIER Laidlaw Environmental Services
PER Robert G. Tuell, Jr.
PER Robert G. Tuell, Jr.
DATE 04-14-95

Permanent post-office address of shipper.

STYLE F60 LABELMASTER, Div. of American Labelmark Co., Chicago, IL 60646 312/478-0900

WEIGHT TICKET

VENDOR: Laidlaw

TRUCK #: 16048 / 16041 T

DATE: 04/14/95

CONTENTS: Transfer virgin NaOH solution from C6 DMJM to C1 DMJM

DISPOSAL FACILITY: None

DRIVER: Jamie Hunt

GROSS

63,650 P

TARE

31,720 P

HET

31,930 P

DRUM COUNT

GALLONS

STATE MANIFEST DOCUMENT NUMBER: Bill of Lading

WORK ORDER



221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO

240120

BILLING ADDRESS

DOUGLAS AIRCRAFT
190TH X NORMANDIE
TORRANCE

CA
90505

SERVICE ADDRESS

SAME

WORK ORDER NO.

13767

13766

*Bill
5/650713018
H6311 Paid*

ORDER DATE 04/13/95	DATE TO BE DONE 04/14/95	CUSTOMER P.O. # 27064-H6311 RAINBOW P.O. #9995	ORDERED BY KIRST I.T.	TELEPHONE# (310) 4009104	CONTACT PERSON KURT
REP. DF	DIV. # 516-500	DEPARTMENT TRANS	CUSTOMER'S EPA #	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE # () () ()

1ST GO TO RAINBOW HAVE TANK + 3-3INCH HOSES CHEM CLEANED AND ALL FITTINGS. THEN GO TO TORRANCE HAUL 17500 GALLONS OF SODIUM HYDROXIDE TO LONG BEACH.

*0500 0550
IN YARD ~~0445~~ O/S AT RAINBOW ~~0530~~
Rainbow Tank cleaning yd - 0550
Departed - 0900
McDonnell Douglas:
C6 on site - 0930
C6 Dep site - 1345*

DRIVER COMPLETE:

SERVICES PERFORMED

Chem cleaned tank for Douglas. Douglas Torrance pump out tank 9 and Transport Douglas Long beach for Dumping. (Wash out tank on site) - Sodium Hydroxide -

START TIME 0500

STOP TIME

START MILES 200540

END MILES

TRUCK NUMBER 16048

TRAILER NUMBER 16041T

Manifest Number

Bill of lading -

Date Completed

4-14-95

Drivers Name

Jamie

ments

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature

Robert G. Tuell, Jr. 04-14-95

PRICING INSTRUCTIONS - DRUMS

Clerical _____	Hrs. @ _____	Per Hr. _____
Project Manager _____	Hrs. @ _____	Per Hr. _____
First Technician _____	Hrs. @ _____	Per Hr. _____
Second Technician _____	Hrs. @ _____	Per Hr. _____
Third Technician _____	Hrs. @ _____	Per Hr. _____
Fourth Technician _____	Hrs. @ _____	Per Hr. _____
Fifth Technician _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____

Sundays, Holidays, and After Hours @ _____ % = _____

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____	Each
_____ 5 Gal. Cans Solid @ _____	Each
_____ 5 Gal. Cans Lab Packed @ _____	Each
_____ 55 Gal. Drums Liquid @ _____	Each
_____ 55 Gal. Drums Solid @ _____	Each
_____ 55 Gal. Drums Lab Packed _____	Each
_____ Empty 5 Gal. Cans @ _____	Each
_____ Empty 55 Gal. Cans @ _____	Each

County Tax _____

MATERIALS USED

_____ 5 Gal. Cans @ _____	Each
_____ 55 Gal. Drums @ _____	Each
_____ Recovery Drums @ _____	Each
_____ Bags Vermiculite @ _____	Each
_____ Bags (Other Describe) @ _____	@ _____ =
_____ Hazardous Waste Labels @ _____	Each
_____ Drum Liners @ _____	Each

Safety Equipment Number of Sets _____ @ _____ =

PRICING INSTRUCTIONS - PUMPING

Compensation _____	Hrs. @ _____	Per Hr. _____
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Washout Fee _____

Dump Fee _____

TOTAL _____